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DCTS Action Memo 2018-17

To: County Departments of Community Programs
County Departments of Health and Human Services
County Departments of Human Services
Tribal Chairpersons/Human Services Facilitators

From: Rose Kleman, Interim Administrator

System Improvement Grants for Early Serious Mental Illness

Document Summary

This memo describes the opportunity for one-time grant funding focused on improving the ability of local mental health programs to provide services to youth and young adults experiencing a first-episode psychosis (FEP)¹ or other early serious mental illness (ESMI)². The deadline to apply is January 28, 2019. County governments and tribal nations are eligible to apply.

Background

In its federal fiscal year 2014 appropriation, Congress allocated additional funds to the Substance and Mental Health Services Administration (SAMHSA) to support evidence-based practices for programs to address the needs of individuals experiencing early serious mental illness. This program was further emphasized in the Consolidated Appropriations Act of 2016. States are now instructed to utilize 10 percent of the Mental Health Block Grant (MHBG) allocation for services for individuals experiencing an ESMI.^{3, 4}

To provide a model to support this effort, SAMHSA collaborated with the National Institute of Mental Health (NIMH) to research and develop components of Coordinated Specialty Care (CSC), and evidence-based treatments for FEP.^{5, 6} This research suggests that mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat persons in the early stages of psychotic illness.

This one-time grant opportunity is to support county mental health systems in conducting system improvements to better serve youth and young adults who experience a FEP or other ESMI. SAMHSA's working definition of ESMI is "An early serious mental illness or ESMI is a condition that affects an

¹ National Alliance on Mental Illness, Early Psychosis and Psychosis, <https://www.nami.org/earlypsychosis>

² Substance Abuse and Mental Health Services Administration, Mental and Substance Use Disorders
<https://www.samhsa.gov/disorders>

³ Consolidated Appropriations Act (2016). <https://www.congress.gov/114/bills/hr2029/BILLS-114hr2029enr.pdf>

⁴ 21st Century Cures Act (2016). <https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>

⁵ National Institute on Mental Health – Recovery After an Initial Schizophrenia Episode.

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

⁶ RAISE ETP. <http://www.raiseetp.org/>

individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5.” These improvements should incorporate one or more components or principles of CSC model services into the existing mental health system. CSC principles and techniques can be incorporated into existing practices or systems, such as outpatient therapy, Comprehensive Community Services (CCS), or Coordinated Services Programs (CSP) to serve youth and young adults earlier and with greater effectiveness.

Coordinated Specialty Care Model Services

The CSC evidence-based model is an early intervention program that is intended to serve youth and young adults aged roughly 15-25 with non-organic, non-affective psychotic disorder diagnoses. While the model was developed to serve this specific diagnostic population, the tools, techniques, and philosophies may be applied more broadly to better meet the needs of youth and young adults with ESMI. In addition, changes in funding at the federal level now allow these funds to be utilized to serve youth and young adults experiencing an ESMI. Research has shown that early intervention is critical to treating mental illness and preventing long-term adverse consequences, such as serious impairment, unemployment, homelessness, poverty, and suicide.

At its core, CSC is a team-based, collaborative, recovery-oriented approach involving individuals experiencing FEP, treatment team members, and when appropriate, family members as active participants. In many ways the CSC model is similar to assertive community treatment; however it is differentiated in its youth-focused goals, structure, and emphasis on early intervention strategies.

The CSC model emphasizes outreach, low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address individuals with FEP and their unique needs, preferences, and recovery goals. The CSC programs provide low-barrier access to specialized clinical providers. Services can be provided in home, community, and clinic settings. While many of these components can be provided utilizing a CCS or CSP model, developing systems that address the specific needs of youth and young adults experiencing an ESMI have been shown through CSC research to have positive benefits.

Grants must be utilized to increase the county’s or tribe’s mental health system to better provide early intervention services for youth and young adults experiencing an ESMI. While the implementation of the full CSC model is not necessary, applicants should seek to incorporate one or more element or philosophy of the model. Below are examples of system improvements that could be considered as part of this grant. While not inclusive, this list includes improvements that could augment current behavioral health systems for youth and young adults.

- Early detection and diagnosis of psychosis or other ESMI
- Techniques and methods to better engage and serve youth and young adults experiencing an ESMI
- Community capacity building to better identify youth with ESMI
- Improve the community’s referral network for youth experiencing an ESMI
- Reduce barriers and improve rapid engagement and enrollment
- Improvements to better prescribe appropriate prescription and medication management
- Training on developmental issues specific to adolescents and young adults
- Engaging and supporting the families of youth with ESMI
- Improving team-based care to better serve youth and young adults

- Youth-focused shared decision-making
- Creating youth-friendly treatment environments
- Training on wellness, recovery, and resilience-building for youth
- Providing supported employment and/or supported education for youth and young adults
- Providing skills training for youth and young adults, including social skills, substance use, coping skills, financial skills, housing, and community living skills
- Suicide prevention for youth and young adults experiencing an ESMI
- Utilizing technology to better engage youth and young adults
- Peer supports for youth and young adults
- Providing services for youth and young adults in the community

Various CSC model resources are publicly available. Three programs recommended for review are the Recovery After an Initial Schizophrenia Episode (RAISE), NAVIGATE, and OnTrack NY. Applicants are encouraged to review the resources below to determine approaches that could be incorporated into existing practices, mental health systems, or community-based programs.

- [RAISE program summary document](#)
- [RAISE website via the National Institute of Mental Health](#)
- [RAISE manuals](#)
- [NAVIGATE materials](#)
- [OnTrack NY materials](#)

Project Framework

Applicants must seek to increase aspects critical to quality that add value, efficiency, effectiveness, or related improvements to services for youth or young adults experiencing FEP or other ESMI. Efforts may also aim to decrease waste, error, confusion, frustration, or delay in these services. The proposal must be targeted toward youth and young adults experiencing FEP or ESMI. Projects should be designed to have a quick turnaround with a plan that can be put into place within the short project timeframe. Despite the short timeframe, quality projects will be designed with an eye towards long-term systems change and broader impacts on the community being served. These efforts should be guided by the [DCTS Performance Measure Categories, P-00620](#).

As part of this effort, grant participants will be offered basic training in the CSC early intervention model. DCTS will contract with an established CSC program or trainer to provide trainings for grant participants that will provide foundational information in the concepts and philosophy of providing early intervention services for youth and young adults experiencing FEP or other ESMI. Additional information on this training will be provided to grant recipients at a later time.

Project Objectives

Applicants must establish [SMART goals](#) for their project. These objectives should seek to improve systems and services to better serve youth and young adults. Objectives should be rapidly actionable, and achievable within the project timeframe. Overall project objectives should have a short-term, actionable focus, with a goal of long-term positive benefits for those being served by the community's mental health system.

Grant Terms

DCTS intends to use this request for applications to award up to 10 grants of no more than \$25,000 each. This is one-time funding that must be utilized by September 30, 2019.

Grant Recipient Requirements

Grant recipients must be willing to commit to:

- Having select staff participate in at least one CSC/FEP training session.
- Providing periodic project updates to the DHS contract administrator upon request.
- Providing a brief final report at the conclusion of the project.

Application Process

Collaborative or regional partnerships are encouraged. Public-private nonprofit partnerships are allowed. Preference will be given to counties or tribes currently without an active CSC program.

Proposer Conference Call

DCTS will host a proposer question and answer conference call December 20, 2018, at 10 a.m. Email your intent to participate in the call to Ryan Stachoviak, the contract administrator for this initiative, at ryan.stachoviak@dhs.wisconsin.gov.

Submission Deadline

All applications are due by **January 28, 2019, at 3:00 p.m.** A completed application includes one signed original and two copies of the original. Use the appropriate address below for your package.

Shipping Company Department of Health Services Attn: Ryan Stachoviak 1 W. Wilson St. Room 851 Madison, WI 53703	USPS Department of Health Services Attn: Ryan Stachoviak 1 W. Wilson St., Rm. 851 PO Box 7850 Madison, WI 53707-7850
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An electronic copy of all application materials must also be emailed to Ryan Stachoviak at ryan.stachoviak@dhs.wisconsin.gov.

Completed applications must be received by the DCTS Bureau of Prevention Treatment and Recovery by the deadline. Date of mailing or postmark is not sufficient.

Timeline

- Anticipated announcement of awards and intent to contract: February 6, 2019
- Project start date: March 1, 2019

Application Scoring

Applications will be reviewed by an evaluation committee against chosen criteria. Applicants may not contact any evaluator without the contract administrator's written approval. Ryan Stachoviak is the contract administrator for this initiative.

Notification of Intent to Pursue Contract Negotiations

All applicants who respond to this request for applications will be notified by email of the state's intent to pursue contract negotiations pursuant to this request for applications. After notification of intent to contract is made, copies of applications will be available for public inspection under supervision of DHS staff from 8:00 a.m. to 4:00 p.m. Monday-Friday in the office of the DCTS Bureau of Prevention Treatment and Recovery. Interested parties should schedule reviews with the contract administrator.

Awards

All projects and related expenditures must be completed no later than September 30, 2019. All projects are expected to be finalized in their entirety by September 30, 2019.

Right to Reject Applications and Negotiate Agreement Term

DHS reserves the right to reject any and all applications. DHS may negotiate the terms of the contract, including the award amount, with the selected applicant prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended applicant, DHS may terminate contract negotiations.

The contract administrator or designee will review each response package to verify the applicant meets the requirements specified in this request for applications based on a pass or fail protocol. This determination is the sole responsibility of DHS.

Application Format

Applications should be organized according to the five headings below and clearly and concisely describe their proposed project within five pages. Applicants are required to submit their application in a single-sided, single-spaced document, with 12-point font (preferred is Times New Roman) and one-inch margins.

- 1. Cover Page (Pass/Fail)—not included in page count.** Indicate the county(ies) tribes, relevant department(s), and partners applying for funding. Cover page must include all mailing, email, and phone contact information for: 1) the county or tribe and those staff involved in the project, 2) the name and contact person authorized to commit the county or tribe to this project, and 3) the name of the project lead who can be contacted in case of questions.
- 2. Organization Capacity (15 points)—two-paragraph maximum.** Briefly describe the structure of services provided to youth and young adults with ESML. Include county or tribe-provided services and those contracted along with the number of full-time equivalent employees and type (for example, licensed, non-licensed, peer support specialists, volunteers).
- 3. Current Situation (20 points)—two-paragraph maximum.** Briefly describe key strengths and challenges specific to serving youth and young adults experiencing an ESML.
 - a. Needs assessment: Briefly describe the greatest needs, obstacles, and barriers. Consider frequency and severity of these challenges along with potential for change and impact of change.
 - b. Strengths assessment: List strengths, opportunities, and resources that will allow for the implementation of the selected system improvement(s).
- 4. Project Description (50 points)—one-page maximum.**
 - a. Describe the project to improve the local mental health program's ability to provide services to youth and young adults experiencing an ESML, including the specific change you are proposing that is part of the approved evidence-based early intervention model.
 - b. List goals and objectives in [SMART goal format](#).
 - c. List personnel who will be involved in the project.

- d. Explain the evaluation and measurement for this effort. What will be the measures of the effectiveness of your project?
 - e. Explain plan for sustainability. How will you ensure that the improvements will have a lasting impact on the local mental health system?
- 5. Budget (15 points)—separate document.** Use the [DCTS Summary Line Budget, F-01601](#). There must be sufficient detail and justification for costs for each expense specifically related to this project.

REGIONAL OFFICE CONTACT

Area Administrators

CENTRAL OFFICE CONTACT

Ryan Stachoviak
Bureau of Prevention Treatment and Recovery
Division of Care and Treatment Services
Department of Health Services
1 W. Wilson St., Room 851
Madison, WI 53703
608-261-9316
ryan.stachoviak@dhs.wisconsin.gov

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